03977

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 94

1. PLACE OF DEATH COUNTY: Cecil MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Md. COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Port Deposit RD LENGTH OF STAY (in this place): 26 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Port Deposit Rural.
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Christian (Middle) (Last) Aegerter	4. DATE OF DEATH (Month) 4 (Day) 9 (Year) 1950			
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower	8. DATE OF BIRTH: 5-11-1867	9. AGE last birthday: 82 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Country man	10b. KIND OF BUSINESS OR INDUSTRY: —	11. BIRTHPLACE (State or foreign country): Bern, Switzerland	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Christian Aegerter	14. MOTHER'S MAIDEN NAME: Ann Hess.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY No.: NONE	17. INFORMANT AND ADDRESS: Clara Martin		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

492X Immediate cause (a) Cardiac Failure

Antecedent cause(s)

109 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Virus Pneumonia

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-5, 1950, to 4-8, 1950, that I last saw the deceased alive on 4-8, 1950, and that death occurred at 6 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R. C. Dodson	MD	Rising Sun Md	4-9-50

23. BURIAL, CREMATION REMOVAL (Specify): CREMATION	DATE: 4-11-50	NAME OF CEMETERY OR CREMATORY: SILVERBROOK	LOCATION (City, town, or county) (State): Wilmington, New Castle, Del
DATE REC'D BY LOCAL REG.: 4/19/50	REGISTRAR'S SIGNATURE: [illegible]	24. FUNERAL DIRECTOR: Joseph A. Grant	ADDRESS

000VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

M

I

RECEIVED
APR 11 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03978

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Cecil; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point, Md.
LENGTH OF STAY (in this place) 1yr. 11 mos. 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C.; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1929 N. Van Buren St., East Falls Church, Va.

3. NAME OF DECEASED (Type or Print): (First) CLARA (Middle) ALVA (Last) ANDERSON

4. DATE OF DEATH: (Month) Apr. (Day) 26, (Year) 1950

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 9-10-1872

9. AGE last birthday: 77 yrs. If under 1 year: Months. 7 Days 16 If under 24 hrs.: Hours Mln.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Harrisonburg, Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown - deceased

14. MOTHER'S MAIDEN NAME: Unknown - deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WW-I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Sclerosis, coronary — Interval between onset and death: Unknown

Antecedent cause(s) due to

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis, general

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: --

19b. MAJOR FINDINGS OF OPERATION: --

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): --

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): --

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): -- m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? --

22. I hereby certify that I VA attended the deceased from May 12, 1948, to Apr. 26, 1950, ~~that I last saw the deceased alive on [illegible], 19~~, and that death occurred at 6:00 PM m., from the causes and on the date stated above.

SIGNATURE E. P. Brannon (Degree or title) E. P. BRANNON, M.D., Chief, Professional Services, VAH, Perry Point, Md. ADDRESS DATE SIGNED Apr. 27, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE: Apr. 27, 1950
NAME OF CEMETERY OR CREMATORY: Unknown
LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REG.: April 27, 1950
REGISTRAR'S SIGNATURE: Irma E. Dougherty

24. FUNERAL DIRECTOR ADDRESS: Pennington & Son
PENNINGTON & SON, Havre de Grace, Md.

RECEIVED
APR 29 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03979

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point,; LENGTH OF STAY (in this place) 3 mos.24 da.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY BALTIMORE; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE; STREET ADDRESS (If rural, give location) 1804 Dallas Street

3. NAME OF DECEASED (Type or Print): (First) PAUL; (Middle) F.; (Last) BACKONI

4. DATE OF DEATH: (Month) April; (Day) 23; (Year) 1950

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 6-22-90

9. AGE last birthday: 59 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Genoa, Italy

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: UNKNOWN - deceased

14. MOTHER'S MAIDEN NAME: UNKNOWN - deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WW-I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Hospital Records VA Hospital, Perry Point, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pneumonia, bronchial, bilateral	72 hrs.
Antecedent cause(s)	due to	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) General paralysis of the insane	
	(c)	

025 X
302

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: --

19b. MAJOR FINDINGS OF OPERATION: --

20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): --

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: --

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): -- m.

INJURY OCCURRED While at Work [ ] Not While At work [ ]

HOW DID INJURY OCCUR? --

22. I hereby certify that I VA attended the deceased from Dec. 30, 1949, to April 23, 1950, ~~that I last saw the deceased~~ ~~alive on~~ ~~19~~, and that death occurred at 12:15 p.m., from the causes and on the date stated above.

SIGNATURE: S. P. BRANNON, M.D., (Degree or title)

ADDRESS: Chief, Professional Services, VAH, Perry Point, Md.

DATE SIGNED: 4-24-50

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE: Apr. 26, 1950

NAME OF CEMETERY OR CREMATORY: Baltimore National Cemetery

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 4/26/50

REGISTRAR'S SIGNATURE: Irene E. Daugherty

24. FUNERAL DIRECTOR ADDRESS: Pennington & Son

PENNINGTON & SON, HAVRE DE GRACE, MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

RECEIVED
APR 28 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03981

CERTIFICATE OF DEATH

Reg. Dist. No. 90

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Cecil; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Carlville; LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Carlville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) HYNSON (Middle) (Last) BAILEY

4. DATE OF DEATH: (Month) April (Day) 3 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 10. 1874

9. AGE last birthday: 75 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Tenant Retired

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? Usa

13. FATHER'S NAME: Edward Bailey

14. MOTHER'S MAIDEN NAME: Francis Woolyhan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Bertha V Bailey Carlville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of bladder & prostate — Interval Between Onset and Death: 1 year

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 0 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic multiple arthritis — 20 years

19a. DATE OF OPERATION: 9/19/49

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of bladder and prostate

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 19 49, to April 3, 1950, that I last saw the deceased alive on April 2, 1950, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

SIGNATURE: Henry V Doris (Degree or title) M.D. ADDRESS: Chesapeake City Md DATE SIGNED: 4/5/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: April 6 1950 | NAME OF CEMETERY OR CREMATORY: Johnstown Cemetery | LOCATION (City, town, or county): Carlville (State): Md.

DATE REC'D BY LOCAL REG.: April 6-1950 | REGISTRAR'S SIGNATURE: Mrs Howard A. Cheyney | 24. FUNERAL DIRECTOR: Edward Pellow | ADDRESS: Millington Md

VS. A15

RECEIVED
APR 7 1950
BUREAU V. S.

Mr. Bouchelle

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03981

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton
LENGTH OF STAY (in this place): 1 week
STATE: MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Union Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md
COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: North East Rural
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) William (Middle) K (Last) Bouchelle

4. DATE OF DEATH: (Month) 4 (Day) 1 (Year) 1950

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 19, 1877

9. AGE last birthday: 72 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Owner

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Cecil Co. Md.

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Samuel Bouchelle

14. MOTHER'S MAIDEN NAME: Emma J. Potts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY No.: 220-22-8323

17. INFORMANT AND ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 ✓

Immediate cause (a) Left Cerebral Hemorrhage — Interval Between Onset and Death: 10 days

Antecedent cause(s)

94b

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Generalized Arteriosclerosis — 3 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Angina Pectoris — 3 years

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?: —

22. I hereby certify that I attended the deceased from May, 1947, to 1 April, 1950, that I last saw the deceased alive on 1 April, 1950, and that death occurred at 5:20 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Klaus H. Hueber M.D.

ADDRESS: North East Md.

DATE SIGNED: 1 April '50

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: 4-5-1950

NAME OF CEMETERY OR CREMATORY: North East Methodist

LOCATION (City, town, or county) (State): North East Cecil Co Md

DATE REC'D BY LOCAL REG.: Apr 4

REGISTRAR'S SIGNATURE: F R Frazer

24. FUNERAL DIRECTOR: Joseph R. Lewis

ADDRESS: North East Md

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RECEIVED
APR 6 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0398?

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Cecil; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Childs; LENGTH OF STAY (in this place) 2 Weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Wilmington, Del; COUNTY New Castle
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wilmington
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John	A	Campbell	April	24	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White	Married	April 9, 1881	69 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer (Retired)
10b. KIND OF BUSINESS OR INDUSTRY: Engineering Dept. DuPont Co
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: John A. Campbell
14. MOTHER'S MAIDEN NAME: Mary Gallagher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Clara K. Campbell Childs, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinomatosis with uterine bone metastases	5 months
1997 Antecedent cause(s)	(b) (Primary site of Carcinoma undetermined)	
55b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from April 13, 1950, to April 24, 1950, that I last saw the deceased alive on April 21, 1950, and that death occurred at 7:10 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
C. Ralph Somers Jr	M. D.	Elkton Maryland	4/24/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 26, 1950	Leed Cemetery	Leeds, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 26	F R Frazer	Marshall H Yeatman	Wilmington, Del

V149

RECEIVED
APR 26 1950
BUREAU U. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03983

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Elkton Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place) 1 week
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake City RD.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) George (Middle) — (Last) Carney

4. DATE OF DEATH (Month) 4 (Day) 23 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Aug. 13, 1885
9. AGE last birthday 64 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Forman of Reto Form of ways
10b. KIND OF BUSINESS OR INDUSTRY Ship Yard
11. BIRTHPLACE (State or foreign country) N. J.
12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME David Carney
14. MOTHER'S MAIDEN NAME Eliza Young

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
SOCIAL SECURITY No. 171-10-8725
17. INFORMANT AND ADDRESS George A. Carney Haddenfield, N. J.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Right hemiplegia	3/16/50
331X Antecedent cause(s)		
61 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral apoplexy	3/15/50
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/16, 1950, to 4/23, 1950, that I last saw the deceased alive on 4/22, 1950, and that death occurred at 3 50 A m., from the causes and on the date stated above.

SIGNATURE Hugh Davis (Degree or title) M.D. ADDRESS Chesapeake City Md. DATE SIGNED 4/23/50

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE Apr. 23/50
NAME OF CEMETERY OR CREMATORY Chester, Pa.
LOCATION (City, town, or county) (State) Chester. Pa.

DATE REC'D BY LOCAL REG Apr 24
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR H W Pippin & Son ADDRESS Elkton Md

15640

RECEIVED
APR 26 1950
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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MARYLAND STATE DEPARTMENT OF HEALTH

03984

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 1515 E Fayette

3. NAME OF DECEASED (Type or Print) (First) ALLISON (Middle) H. (Last) CARTER.
4. DATE OF DEATH (Month) 4 (Day) 15 (Year) 1950

5. SEX M.
6. COLOR OR RACE Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Aug 28, 1919
9. AGE last birthday 30 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer.
10b. KIND OF BUSINESS OR INDUSTRY Fishing
11. BIRTHPLACE (State or foreign country) Baltimore City Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Henry Carter
14. MOTHER'S MAIDEN NAME Annie —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Not a Veteran
16. SOCIAL SECURITY No. 219-05-6747.
17. INFORMANT Pelisha Carter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

929.8
183

Immediate cause (a) Drowned.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Wharf.
(CITY OR TOWN) North East (COUNTY) Cecil (STATE) Md
TIME OF INJURY (Month) 4 (Day) 15 (Year) 50 (Hour) 1855 m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Fell off Wharf into river

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R. C. Dodson (Degree or title) M.D. - D.M.E. ADDRESS Rising Sun Md DATE SIGNED 4-16-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4-19-50
NAME OF CEMETERY OR CREMATORY Mt Calvery Cem.
LOCATION (City, town, or county) Brooklyn A.A. Co. (State) Md

DATE REC'D BY LOCAL REG. 4/17/50
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR Elroy O. Wilson ADDRESS 1000 Brantly

9

988 VI

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03985

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH · COUNTY: Cecil — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Missouri — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point — LENGTH OF STAY (in this place):	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: St. Louis
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration	STREET ADDRESS (If rural give location): 1010 Cole Street

3. NAME OF DECEASED (Type or Print)	(First) JOSEPH	(Middle) -	(Last) CARTER	4. DATE OF DEATH	(Month) April	(Day) 16,	(Year) 1950
5. SEX: male	6. COLOR OR RACE: Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH: Feb.19,1912	9. AGE last birthday: 38 yrs.	If under 1 year Months: 1	Days: 27	If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown	10b. KIND OF BUSINESS OR INDUSTRY: --	11. BIRTHPLACE (State or foreign country): Clarksville, Missouri	12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME: Unknown	14. MOTHER'S MAIDEN NAME: Lou (maiden name unknown)						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes — (If year, give war or dates of service) WW-II	16. SOCIAL SECURITY NO.	17. INFORMANT: Hospital Recordd					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pneumonia, bronchial, bilateral — 48 hrs.

Antecedent cause(s) (b) Carcinoma, metastatic

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Carcinoma of the stomach

151 X
46 b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: --	19b. MAJOR FINDINGS OF OPERATION: --	20. AUTOPSY? Yes ☒ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify): --	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): --	(CITY OR TOWN) -- (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) -- m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? --

22. I hereby certify that I/VA attended the deceased from 3/21/, 1950, to 4/16/, 1950, ~~that I last saw the deceased alive on~~ ~~, 19~~ ~~, and that~~ death occurred at 1:30 PM m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

E. P. BRANNON, M.D., Chief, Professional Svcs., VAH, Perry Point, Maryland 4-17-50

23. BURIAL, CREMATION REMOVAL (Specify): Removal	DATE: 4-17-50	NAME OF CEMETERY OR CREMATORY: JeffersonBarracks Nat'l -	LOCATION (City, town, or county) (State): Jefferson Barracks, Mo.
DATE REC'D BY LOCAL REG.: April 17, 1950	REGISTRAR'S SIGNATURE: Irene E. Daugherty	24. FUNERAL DIRECTOR: Pennington & Son	ADDRESS: PENNINGTON & SON, Havre de Grace, Md.

RECEIVED
APR 19 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03986

CERTIFICATE OF DEATH

Reg. Dist. No. 95

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Conowingo, Rural
LENGTH OF STAY (in this place) 46 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Conowingo. Rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) ANNIE (Middle) MAY (Last) DEMPSEY

4. DATE OF DEATH (Month) April (Day) 26 (Year) 1950

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH Sept 18. 1874

9. AGE last birthday 75 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework

10b. KIND OF BUSINESS OR INDUSTRY Own home

11. BIRTHPLACE (State or foreign country) Lancaster Co. Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME John Whirt

14. MOTHER'S MAIDEN NAME Martha Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT John Dempsey. Conowingo. Md. Rural

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardiovascular	3 weeks
422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocarditis (Chronic)	2 years
93d	(c) Arteriosclerosis	3 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 10, 1948, to April 26, 1950, that I last saw the deceased alive on April 26, 1950, and that death occurred at 11:40 m., from the causes and on the date stated above.

SIGNATURE L P Snodgrass (Degree or title) MCH ADDRESS Darlington Md DATE SIGNED 4/27/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF April 30. 1950

NAME OF CEMETERY OR CREMATORY Pleasant Grove Pa.

LOCATION (City, town, or county) (State) Near Peach Bottom. Pa.

DATE REC'D BY LOCAL REG. Apr 28-50

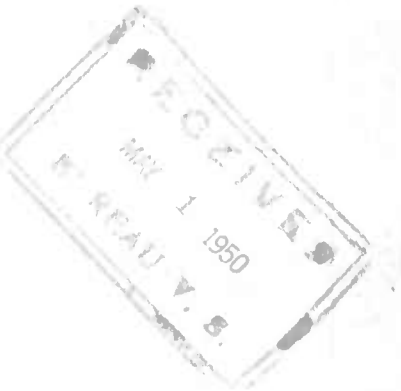
REGISTRAR'S SIGNATURE L M Worthington

24. FUNERAL DIRECTOR J. E. Tyson Rising Sun, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15


RECEIVED
MAY 1 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03987

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point, Md. LENGTH OF STAY (in this place) 10mos. 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 917 Valley Street

3. NAME OF DECEASED (Type or Print) (First) OSCAR (Middle) A. (Last) DISHONG
4. DATE OF DEATH (Month) April (Day) 3, (Year) 1950

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Apr.27,1892
9. AGE last birthday 57 yrs. If under 1 year Months 11 Days 6 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Fort Wayne, Indiana
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Charles M. Dishong - deceased
14. MOTHER'S MAIDEN NAME Name unknown - deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) WW-I
16. SOCIAL SECURITY NO. 218-10-8132
17. INFORMANT Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

353.2 Immediate cause (a) Epilepsy, status epilepticus (from history) — Unknown

Antecedent cause(s)

90b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pneumonia, bronchial, bilateral — 3 days

(c) Pericarditis, acute, purulent

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION --
19b. MAJOR FINDINGS OF OPERATION --
20. AUTOPSY? Yes X No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) --
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 0- (CITY OR TOWN) -- (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) -- m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? --

22. I hereby certify that I VA attended the deceased from May 24, 1949, to Apr.3, 1950, ~~[illegible]~~ ~~[illegible]~~, and that death occurred at 9:00 PM., from the causes and on the date stated above.

SIGNATURE Willy Oppler (Degree or title) ADDRESS DATE SIGNED
WILLY OPPLER, M.D., Actg.Chief, Professional Services, VAH, Perry Point, Md. 4-4-50

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE 4-4-50
NAME OF CEMETERY OR CREMATORY Baltimore National Cemetery
LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. April 4, 1950
REGISTRAR'S SIGNATURE Irene E. Dougherty
24. FUNERAL DIRECTOR Pennington & Son ADDRESS
PENNINGTON & SON, HAVRE DE GRACE, MD.

XV199

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 6 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

03988

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elston
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Warwick
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) John (Middle) (Last) DORSEY
4. DATE OF DEATH (Month) 4 (Day) 19 (Year) 1950

5. SEX M.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH 6-23-1861
9. AGE last birthday 88 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Cecil Co Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Patrick Dorsey
14. MOTHER'S MAIDEN NAME Honora Dorsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Harry Dorsey Warwick Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

334x Immediate cause (a) Hemiplegia & Malnutrition

83d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R C Dodson MD (Degree or title) DME ADDRESS Rising Sun Md. DATE SIGNED 4-19-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4/22/50
NAME OF CEMETERY ~~OR CREMATORY~~ Old Bohemia
LOCATION (City, town, or county) near Warwick (State) Md

DATE REC'D BY LOCAL REG. Apr 20
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR G. Lester Daniels Middletown Del. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
APR 25 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03989

CERTIFICATE OF DEATH

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH COUNTY: Cecil — STATE: MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point LENGTH OF STAY (in this place): 15yrs.4mos. 19 days HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Pennsylvania — COUNTY: CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pittsburgh STREET ADDRESS (If rural, give location): 348 S. Millvale Avenue

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	FRANK	G.	DUFFY		Apr.	20,	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	Single	Jan.10,1894	56 yrs.	3	10		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Coal miner	Mining	Pittsburgh, Pa.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Patrick Duffy - deceased	Margaret Berry - deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes	WW-I		Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary thrombosis	Unknown
Antecedent cause(s)	due to	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocardial fibrosis	
	(c) Coronary sclerosis	

420.1
93 d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
--	--	Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
--	--	--		

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐	Not While At work ☐	HOW DID INJURY OCCUR?
--			m.			--

22. I hereby certify that I attended the deceased from Dec.1, 1934, to Apr. 20, 1950, that I last saw the deceased alive on Apr. 20, 1950, and that death occurred at 9:15 PM m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
E. P. Brannon	M.D., Chief Professional Services	VAH, Perry Point, Md.	4-24-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Removal	4-26-50	Arlington National Cemetery	Fort Myer, Va.	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/26/50	Irene E. Daugherty	Pennington & Son	PENNINGTON & SON, Havre de Grace, Md.

VS. A15

45402

RECEIVED
APR 28 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03990

Reg. Dist. No. 05

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun. Rural. | LENGTH OF STAY (in this place) 65 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun. rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MAE		EULER	April	16	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Single	Jan. 19 1881	69 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housework	Own Home	Cecil Co. Md.	U. S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Christian Euler	Ida Reynolds

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	none	David Gibson, Conowingo. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac Failure

450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerosis

97 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from 4-4, 1950, to 4-15, 1950, that I last saw the deceased alive on 4-15, 1950, and that death occurred at 11P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R. L. Dodson MD		Rising Sun Md	4-18-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	April 19. 1950	Fremont	Near Nottingham	Pa.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Apr 18-1950	L. M. Worthington	J. C. Tyson	Rising Sun, Md.

RECEIVED
APR 19 1950
U. S.

03991

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 95

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun
LENGTH OF STAY (in this place) 10 yrs +
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun
STREET ADDRESS (If rural give location) Cherry St.

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Barclay (Last) Fassitt
4. DATE OF DEATH (Month) April (Day) 14 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH June 10, 1874
9. AGE last birthday 75 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming (retired)
10b. KIND OF BUSINESS OR INDUSTRY Farm Owner
11. BIRTHPLACE (State or foreign country) Dry Farm, Cecil Co Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Thomas Fassitt
14. MOTHER'S MAIDEN NAME Catherine Van Sant

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT Helen T. Fassitt (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

177x Immediate cause (a) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH 3 months

Antecedent cause(s)

51b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prostatic Carcinoma — 4 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Apr 12 46
19b. MAJOR FINDINGS OF OPERATION Prostatic Carcinoma
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 12, 1946 to Apr 14, 1950, that I last saw the deceased alive on Apr 14, 1950, and that death occurred at 7:40 A.m., from the causes and on the date stated above.

SIGNATURE Guy T. Holcomb (Degree or title) ADDRESS Oxford - Pa DATE SIGNED Apr. 14 50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE April 17, 1950
NAME OF CEMETERY OR CREMATORY Rose Bank
LOCATION (City, town, or county) Near Rising Sun (State) Md.

DATE REC'D BY LOCAL REG. April 15 1950
REGISTRAR'S SIGNATURE Lorna Washington
24. FUNERAL DIRECTOR J. E. Tyson ADDRESS Rising Sun, Md.

000 W

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 18 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03992

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point
LENGTH OF STAY (In this place) 17 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
STREET ADDRESS (If rural give location) --

3. NAME OF DECEASED (Type or Print) (First) THOMAS (Middle) A. (Last) GARDNER

4. DATE OF DEATH (Month) April (Day) 13, (Year) 1950

5. SEX male

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced

8. DATE OF BIRTH 3-17-1885

9. AGE last birthday 65 yrs. If under 1 year Months - Days 26 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown

10b. KIND OF BUSINESS OR INDUSTRY --

11. BIRTHPLACE (State or foreign country) Philadelphia, Pa.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Unknown

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) WW-I & II

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pneumonia, bronchial, bilateral — Unknown

260x

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diabetes mellitus

61

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION --

19b. MAJOR FINDINGS OF OPERATION --

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) --
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) --
(CITY OR TOWN) --
(COUNTY)
(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) -- m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? --

22. I hereby certify that ~~I~~ VA attended the deceased from March 26, 1950, to Apr. 13, 1950, ~~that I last saw the deceased~~ ~~alive on~~ ~~XXXXXXXXXXXXXXXXXXXX~~, and that death occurred at 2:15 AM m., from the causes and on the date stated above.

SIGNATURE E. P. Brannon (Degree or title) ADDRESS E. P. BRANNON, M.D., Chief, Professional Services, VAH, Perry Point, Md. DATE SIGNED Apr. 14, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Apr. 14, 1950
NAME OF CEMETERY OR CREMATORY Aberdeen Proving Ground Cemetery, Maryland
LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. April 14, 1950
REGISTRAR'S SIGNATURE Irene E. Daugherty
24. FUNERAL DIRECTOR Pennington & Son
ADDRESS PENNINGTON & SON, Havre de Grace, Md.

XVX99

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 17 1950
BUREAU P. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03993

CERTIFICATE OF DEATH

Reg. Dist. No. 200 95

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton, Rising Sun — LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS At Home (Daughters)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cecilton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Samuel (Last) Gettshal

4. DATE OF DEATH: (Month) April (Day) 2 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 7/13/67

9. AGE last birthday: 82 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Tenant

11. BIRTHPLACE (State or foreign country): Elkton Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Francis Gettshal

14. MOTHER'S MAIDEN NAME: Margaret Anne Newcomb

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Margaret A. Logan, Rising Sun Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Respiratory Infection

475X Antecedent cause(s)

97 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 21, 1950, to April 2, 1950, that I last saw the deceased alive on April 2, 1950, and that death occurred at 1:18 A m., from the causes and on the date stated above.

SIGNATURE F. B. Robinson (Degree or title) M.D. ADDRESS DATE SIGNED 4-3-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: April 5, 1950 | NAME OF CEMETERY OR CREMATORY: Cecilton Cemetery | LOCATION (City, town, or county): Cecilton (State): Md.

DATE REC'D BY LOCAL REG. 4/5/50 | REGISTRAR'S SIGNATURE: Edward Fellows, Lavica M. Worthington | 24. FUNERAL DIRECTOR: Edward Fellows | ADDRESS: Millington Md

50004

RECEIVED
APR 10 1950
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03994

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH: COUNTY: Cecil; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton
LENGTH OF STAY (in this place): 60 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 325 North St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton
STREET ADDRESS (If rural, give location): 325 north St

3. NAME OF DECEASED (Type or Print): (First) Idella (Middle) S. (Last) Giles

4. DATE OF DEATH: (Month) April (Day) 25 (Year) 1950

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Oct 28 1875

9. AGE last birthday: 74 yrs. If under 1 year: Months; Days 27. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY: House work

11. BIRTHPLACE (State or foreign country): Wilmington, Del.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Soward

14. MOTHER'S MAIDEN NAME: Louisa Whiteman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Aliver C. Giles

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 4 days

442x

Antecedent cause(s)

13/a

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cardio renal vascular disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19.25, to Apr 25, 19.50, that I last saw the deceased alive on Apr 25, 19.50, and that death occurred at 10 A m., from the causes and on the date stated above.

SIGNATURE: Herbert Boles (Degree or title) M. D. ADDRESS: Elkton Md DATE SIGNED: Apr 25-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE: 4/28/50; NAME OF CEMETERY OR CREMATORY: Elkton; LOCATION (City, town, or county) (State): Elkton Md.

DATE REC'D BY LOCAL REG.: Apr 27; REGISTRAR'S SIGNATURE: F. K. Frazer

24. FUNERAL DIRECTOR: H. W. Piffin & Son; ADDRESS: Elkton, Md.

RECEIVED
APR 29 1950
BUREAU U. S.

Evidence for the change in spelling of surname shown on film G125. Apr. 25, 1950.b.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03995

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:

County: Cecil

City or town: Elkton R D 4 Md (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 weeks

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md County: Cecil

City or town: Elkton R D 4, Md (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME William Howard Jianniney

3.(b) Social Security Number

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Single

6.(b) Name of husband or wife

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): March 30 1950

8. AGE: Years | Months | Days: 23 | If less than one day ... hrs. ... min.

9. Birthplace: Elkton R D 4, Md (Town, county, and state)

10. Usual occupation: none

11. Industry or business

FATHER

12. Name: Edward F Jianniney

13. Birthplace: West Va

MOTHER

14. Maiden name: Ruby Ellen Perkins

15. Birthplace: West Va

16. Informant: Edward F Jianniney

Address: Elkton R D 4, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 4-22-50 (month) (day) (year)

Cemetery or crematory: Methodist

Location: North East Maryland

18. Funeral director: Joseph R Grant

Address: North East, Md

19. Apr 22 1950 (Date rec'd by registrar) F R Frazer Registrar

1-0-3-30-0-29-5-40-R

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 21. 1950 at 8 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 30 1950 to April 21 1950 and that I last saw him alive on April 20 1950

Immediate cause of death: Malnutrition

DURATION

Due to

Due to

Other conditions

772.0

158

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: C B Collins M. D. or other

Address: North East, Md. Date signed 4.21.50

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 25 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03996

Reg. Dist. No. 94

1. PLACE OF DEATH
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton RD 4
LENGTH OF STAY (in this place) 5 4/yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton R D 4
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mary	L	Keithley	4	22	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
Female	White	Widow	Aug 25 1867	82 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Phila Pa
12. CITIZEN OF WHAT COUNTRY: U. S. A

13. FATHER'S NAME: Johnathan ~~Keithley~~ Dougherty
14. MOTHER'S MAIDEN NAME: Emma Carter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Edward Keithley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Peritonitis sec. to:	48 Hours
584 X Antecedent cause(s)	(b) Ruptured Hydrops of Gall Bladder sec. to:	2 weeks
126 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Calculus Cholecystitis	~~2 wks~~ ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED Whila at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from 18 April, 1950, to 22 April, 1950, that I last saw the deceased alive on 22 April, 1950, and that death occurred at 8:15 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Klaus H Hueber M.D.	North East Md	23 April '50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4-26-50	Harts Methodist	North East RD Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
april 26-50	Sarah E. Rothermel	Joseph R Grant	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
APR 28 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03997

CERTIFICATE OF DEATH

Reg. Dist. No. 9x

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Cecil; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton; LENGTH OF STAY (in this place) 7 Years; HOSPITAL OR INSTITUTION OR STREET ADDRESS I45 Hollingsworth Manor	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY CEcil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton; STREET ADDRESS (If rural give location) I45Hollingsworth Manor

3. NAME OF DECEASED (Type or Print)	(First) Enoch	(Middle)	(Last) Lively	4. DATE OF DEATH	(Month) 4	(Day) 20	(Year) 1950	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 3/10/1895	9. AGE last birthday 55 yrs.	If under 1 year Months 1	Days 10	If under 24 hrs. Hours	Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Thicol Chemical	11. BIRTHPLACE (State or foreign country) West Va.	12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME Elias Lively		14. MOTHER'S MAIDEN NAME Mandona Conterburg	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Millie Lively	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma of Liver	18 mos.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Metastasis to stomach + Intestines	
	(c)	

155 x
46 b

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Interstitial Nephritis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from ....., 19 45, to Apr 20, 19 50, that I last saw the deceased alive on Apr 19, 1950, and that death occurred at 6:20 A.m., from the causes and on the date stated above.

SIGNATURE Herbert Bates (Degree or title) ADDRESS Elkton Md DATE SIGNED 4/21/50

23. BURIAL, CREMATION, REMOVAL (Specify) Removal Burial	DATE 4/24/50	NAME OF CEMETERY OR CREMATORY Lively Burial Grounds	LOCATION (City, town, or county) (State) Oak Hill W. Va.	
DATE REC'D BY LOCAL REG. Apr 21	REGISTRAR'S SIGNATURE F R Frazier	24. FUNERAL DIRECTOR H. W. Pippin & Son.	ADDRESS Elkton, Md.	

602 17

RECEIVED
APR 25 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03998

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Cecil
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perryville
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perryville
STREET ADDRESS (If rural, give location): Aikin Ave.

3. NAME OF DECEASED (Type or Print): (First) Paul (Middle) (Last) Patterson

4. DATE OF DEATH: (Month) April (Day) 27, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 7-29-1874

9. AGE last birthday: 75 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Telegraph Operator

10b. KIND OF BUSINESS OR INDUSTRY: Rail Road

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Miller Patterson

14. MOTHER'S MAIDEN NAME: M ary Smeltzer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mary D. Patterson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Metastatic Carcinoma	18 mos
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of Prostate	5 yrs
	(c)	

1777 X
518

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 10, 1949, to April 27, 1950, that I last saw the deceased alive on April 26, 1950, and that death occurred at 7.30 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): J. F. Magraw
ADDRESS: Perryville Md
DATE SIGNED: April 28, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: Apr. 30, 1950
NAME OF CEMETERY OR CREMATORY: West Nottingham
LOCATION (City, town, or county) (State): Colora, Md.

DATE REC'D BY LOCAL REG.: April 30, 1950
REGISTRAR'S SIGNATURE: Irene E. Dougherty

24. FUNERAL DIRECTOR: Ver A Patterson & Son
ADDRESS: Perryville, Md.

24041

RECEIVED
MAY 2, 1951
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03999

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY: Cecil; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Charlestown
LENGTH OF STAY (in this place): 20 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Charlestown
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Rebekah (Last) Pfost

4. DATE OF DEATH: (Month) (Day) (Year) April, 26, 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 10-20-1889

9. AGE last birthday: 60 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charles M ullen

14. MOTHER'S MAIDEN NAME: Cora Whitelock

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: John Pfost, Charlestown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Oedema	1 day
Antecedent cause(s)	(b) Hypostatic Congestion & Paralysis 7 days	1 month
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) from Metastatic Carcinoma of Breast to Spine	5 years

170 X
50

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1945
19b. MAJOR FINDINGS OF OPERATION: Carcinoma breast
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1945, to April 26, 1950, that I last saw the deceased alive on April 26, 1950, and that death occurred at 1155 P. m., from the causes and on the date stated above.

SIGNATURE: Wm Wallace (Degree or title): M.D. ADDRESS: Hanover Grace Md DATE SIGNED: April 28, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 4-29-1950
NAME OF CEMETERY OR CREMATORY: Charlestown
LOCATION (City, town, or county) (State): Charlestown, Md

DATE REC'D BY LOCAL REG.: April 29, 1950
REGISTRAR'S SIGNATURE: Irene E. Dougherty
24. FUNERAL DIRECTOR: Lee A. Patterson & Son.
ADDRESS: Perryville, Md.

RECEIVED
MAY 2 1950
U. S. PATENT OFFICE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04000

CERTIFICATE OF DEATH

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Cecil. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton | LENGTH OF STAY (In this place) 4 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Cecil.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Emma (Middle) Mary (Last) Purcell
4. DATE OF DEATH: (Month) APRIL (Day) 11 (Year) 1950
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 6-19-89
9. AGE last birthday: 60 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: George Lind
14. MOTHER'S MAIDEN NAME: Rose Schwind
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Comedo Carcinoma left breast c metastasis — 14 months

170 X

Antecedent cause(s)

50 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: July 1949
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of left breast. radical mastectomy.
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1946, to 11 April, 1950, that I last saw the deceased alive on 11 April, 1950, and that death occurred at 3:40 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Hans H Hueber M.D. North East Md 12 April 50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: APRIL 14, 1950
NAME OF CEMETERY OR CREMATORY: Catholic
LOCATION (City, town, or county) (State): Elkton Cecil Md

DATE REC'D BY LOCAL REG. April 12
REGISTRAR'S SIGNATURE: H B Frazer
24. FUNERAL DIRECTOR: Joseph R Grant
ADDRESS: North East

RECEIVED
APR 14 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 04001

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton — LENGTH OF STAY (In this place) 9 years — HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Cecil — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton Rural. — STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Elizabeth. (Middle) (Last) Reed

4. DATE OF DEATH: (Month) 4 (Day) 4 (Year) 1950

5. SEX F. | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single | 8. DATE OF BIRTH Jan 13 1864 | 9. AGE last birthday 86 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic | 10b. KIND OF BUSINESS OR INDUSTRY Housekeeper Farm Home | 11. BIRTHPLACE (State or foreign country) Cecilton Md. | 12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Joshua T Reed | 14. MOTHER'S MAIDEN NAME Elizabeth Hayes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. none | 17. INFORMANT Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

593X **Immediate cause** (a) Nephritis & Cardiac failure

132 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) R L Dodson M.D. D.M.E. | ADDRESS Rising Sun Md | DATE SIGNED 4-4-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 4-6-50 | NAME OF CEMETERY OR CREMATORY Sharps | LOCATION (City, town, or county) (State) Fairhill Md

DATE REC'D BY LOCAL REG. Apr 4 | REGISTRAR'S SIGNATURE F R Frazer | 24. FUNERAL DIRECTOR Joseph R Frank | ADDRESS North East Md

52086

VS. A15A

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APR 6 1950
BUREAU V. S.

04002

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH · COUNTY: Cecil — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton — LENGTH OF STAY (in this place): Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 140 E. High St	STREET ADDRESS (If rural, give location): 140 E. High St

3. NAME OF DECEASED (Type or Print)	(First) Willard	(Middle) Samuel	(Last) Reed	4. DATE OF DEATH	(Month) April (Day) 25 (Year) 1950
5. SEX: M	6. COLOR OR RACE: W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: May 10, 1886	9. AGE last birthday: 63 yrs.	If under 1 year: Months 11, Days 14; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor	10b. KIND OF BUSINESS OR INDUSTRY: Paper mill	11. BIRTHPLACE (State or foreign country): Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A		
13. FATHER'S NAME: James H Reed	14. MOTHER'S MAIDEN NAME: Kate Chambers				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT: Linda M. Reed.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Edema	1 day
410 x Antecedent cause(s)	(b) Bronchial Asthma	1½ years
92 b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Mitral regurgitation	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertrophy of heart

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1940, to Apr 25, 1950, that I last saw the deceased alive on April 25, 1950, and that death occurred at 7 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J Herbert Bates	M. D.	Elkton Md	Apr 25. 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: April 28, 1950	NAME OF CEMETERY OR CREMATORY: Elkton	LOCATION (City, town, or county): Elkton	(State): Md.
DATE REC'D BY LOCAL REG.: Apr 27	REGISTRAR'S SIGNATURE: F R Frazer	24. FUNERAL DIRECTOR: H. W. Pippin & Son	ADDRESS: Elkton, Md.	

98811

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 29 1950
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

I

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04003

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Veterans Administration — LENGTH OF STAY (in this place) 1 yr. 3 mos. 4 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Joppa
HOSPITAL OR INSTITUTION OR STREET ADDRESS Perry Point, Maryland	STREET ADDRESS (If rural, give location) --

3. NAME OF DECEASED (Type or Print)	(First) THOMAS	(Middle) G.	(Last) RYAN	4. DATE OF DEATH	(Month) April	(Day) 27,	(Year) 1950
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower	8. DATE OF BIRTH Aug. 10, 1894	9. AGE last birthday 55 yrs.	If under 1 year Months 8	Days 17	If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown	10b. KIND OF BUSINESS OR INDUSTRY Unknown	11. BIRTHPLACE (State or foreign country) Baltimore, Md.	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Unknown - deceased		14. MOTHER'S MAIDEN NAME Unknown - deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes ✓ (If year, give war or dates of service) WW-I	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT AND ADDRESS Hospital Records	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary sclerosis	Unknown
420.1 Antecedent cause(s)	Myocardial fibrosis, severe	
131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) due to	
	(c) Hypertensive cardiovascular renal disease	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Arteriosclerosis, generalized	

19a. DATE OF OPERATION --	19b. MAJOR FINDINGS OF OPERATION --	20. AUTOPSY? Yes ☒ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify) --	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) -- (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) -- m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? --

22. I hereby certify that I VA attended the deceased from Jan. 23, 1949, to Apr. 27, 1950, ~~that I last saw the deceased alive on~~ ~~19xx~~, and that death occurred at 2:18 PM m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

E. P. Brannon

E. P. BRANNON, M.D., Chief, Professional Services, VAH, Perry Point, Md. Apr. 28, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Removal	DATE Apr. 28, 1950	NAME OF CEMETERY OR CREMATORY Baltimore National Cemetery,	LOCATION (City, town, or county) (State) Baltimore, Md.
DATE REC'D BY LOCAL REG. April 28, 1950	REGISTRAR'S SIGNATURE Irene E. Daugherty	24. FUNERAL DIRECTOR Howard K. McComas Jr. HOWARD K. McCOMAS & SONS, Abingdon, Md.	ADDRESS

XVIX94

RECEIVED
MAY 1 1950
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04004

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point
LENGTH OF STAY (in this place): 27 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 3 North Clinton Street

3. NAME OF DECEASED (Type or Print): (First) CONRAD (Middle) (NONE) (Last) SCHICK
4. DATE OF DEATH: (Month) April (Day) 23 (Year) 1950

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: August 31, 1874
9. AGE last birthday: 75 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown
10b. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): S.A.W.
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

181x **Immediate cause** (a) PNEUMONIA, BRONCHIAL — 12 Hours

52b **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) CARCINOMA OF THE URINARY BLADDER — UNKNOWN

(c) ARTERIOSCLEROSIS, GENERALIZED — UNKNOWN

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work [ ] Not While At work [ ]
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 27, 1950, to April 23, 1950, that I last saw the deceased on April 23, 1950 and that death occurred at 9:05 A.m., from the causes and on the date stated above.

SIGNATURE AND DEGREE OR TITLE: G. P. BRANNON, M.D. — ADDRESS: Chief, Professional Services, VAH., Perry Point, Md. — DATE SIGNED: 4/23/50

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE: April 23, 1950
NAME OF CEMETERY OR CREMATORY: Baltimore National Cemetery
LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: April 23, 1950
REGISTRAR'S SIGNATURE: Irene E. Daugherty
24. FUNERAL DIRECTOR: John D Connelly — ADDRESS: 418 Eastern Ave., Baltimore, Maryland
JOHN G. CONNELLY

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 25 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04005

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton — LENGTH OF STAY (in this place) 12yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital	STREET ADDRESS (If rural, give location) 119 Milbourne St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
William	Jackson	Scott	April	6	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	Colored	Married	3/4/1881	69 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	B.C&O.R.R.	Maryland	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William J. Scott	Addie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
no	Unknown	Addie M. Scott 119 Milbourne St. Elkton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Carcinoma of Prostate	6 month
177 Antecedent cause(s)		
51b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hemiplegia urgent sis	3 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
4-1-50	Carcinoma of prostate gland	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 3/8, 1950, to April 6, 1950, that I last saw the deceased alive on April 6, 1950, and that death occurred at 12 20 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Thos N Davis	M.D.	Chesapeake City Md	4/7/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/9/50	Bohemia Manor Cem.	Bohemia Manor Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 8	F R Frazer	Edward C Bell	909 Poplar St.

T8647

RECEIVED
APR 13 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04006

CERTIFICATE OF DEATH

Reg. Dist. No. 92

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cecilton — LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elk Mills
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Julia (Middle) Adelaide (Last) Simpers

4. DATE OF DEATH: (Month) 4 (Day) 21 (Year) 19 50

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Aug 4 1882

9. AGE last birthday: 67 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Near North East Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Veasey Hammond

14. MOTHER'S MAIDEN NAME: Susie Cartwright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mr Charles Simpers

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral hemorrhage, left. — 2 weeks

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertension, arteriosclerotic, Cardiovascular disease — Unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

449 X

932

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 7, 19 50, to April 21, 19 50, that I last saw the deceased alive on April 21, 19 50, and that death occurred at 3:15 P m., from the causes and on the date stated above.

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

S. Ralph Andrews Jr. — M.D. — Elkton Maryland — 4/24/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 4-24-50 — NAME OF CEMETERY OR CREMATORY: Cherry Hill Methodist — LOCATION (City, town, or county) (State): Cherry Hill Cecil Md

DATE REC'D BY LOCAL REG.: Apr 27 — REGISTRAR'S SIGNATURE: F K Frazer

24. FUNERAL DIRECTOR — ADDRESS: Joseph R Evans — North East Md

RECEIVED
APR 25 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

S 04007

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Cecil; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point
LENGTH OF STAY (in this place) 1 mo. 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia; COUNTY Henrico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Highland Springs
STREET ADDRESS (If rural, give location) Box #6

3. NAME OF DECEASED (Type or Print): (First) AMOS (Middle) - (Last) TAYLOR
4. DATE OF DEATH: (Month) April (Day) 27, (Year) 1950

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Dec. 27, 1897
9. AGE last birthday: 52 yrs. If under 1 year: Months 4, Days 0; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown
10b. KIND OF BUSINESS OR INDUSTRY: --
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WW-I
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Tuberculosis, pulmonary, chronic, active, far advanced	Unknown
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

002X
13b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: --
19b. MAJOR FINDINGS OF OPERATION: --
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): --
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN) -- (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): -- m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? --

22. I hereby certify that I attended the deceased from Mar. 24, 1950, to Apr. 27, 1950, ~~that I last saw the deceased alive on XXXXXXXXXXXXXXXX~~, and that death occurred at 9:00 PM m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
WILLY OPPLER, M.D., Actg. Chief, Professional Services, VAH, Perry Point, Md. 4-28-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	4-28-50	Unknown	Richmond, Va.

DATE REC'D BY LOCAL REG. April 28, 1950 | REGISTRAR'S SIGNATURE Irma E. Dingfelder | 24. FUNERAL DIRECTOR ADDRESS: Pennington & Son
PENNINGTON & SON, Havre de Grace, Md.
XVX99

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MAY 1 1950
BUREAU V. S.

04008

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 95

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Blake
LENGTH OF STAY (in this place) 21 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Blake
STREET ADDRESS (If rural give location) (near) Blue Ball

3. NAME OF DECEASED (Type or Print) (First) Florence (Middle) Scott (Last) Underwood

4. DATE OF DEATH (Month) April (Day) 3 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH June 26, 1888
9. AGE last birthday 61 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Jasper Scott
14. MOTHER'S MAIDEN NAME Adrianna Reynolds

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no. (If year, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT William Underwood

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
170 X Immediate cause	(a) Generalized Carcinomatosis	1 year
Antecedent cause(s)	(b) Adeno-carcinoma of Breast	5 years
50 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1948, to April 3, 1950, that I last saw the deceased alive on April 2, 1950, and that death occurred at 13:00 a.m. from the causes and on the date stated above.

SIGNATURE E Hughes Nutter (Degree or title) M.D. ADDRESS Newark, Del DATE SIGNED 4-5-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 4/6/50
NAME OF CEMETERY OR CREMATORY Friends Cemetary
LOCATION (City, town, or county) Calvert (State) Maryland

DATE REC'D BY LOCAL REG. April 5
REGISTRAR'S SIGNATURE L M Worthington
24. FUNERAL DIRECTOR Ralph M. Reed ADDRESS Rising Sun, Md.

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 10 1950
BUREAU V. S.

04009

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH· COUNTY: Cecil — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE: North Carolina — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point — LENGTH OF STAY (in this place): 5 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Princeton
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration	STREET ADDRESS (If rural give location): RT # 2

3. NAME OF DECEASED (Type or Print) (First) WILEY	(Middle) H.	(Last) WELLONS	4. DATE OF DEATH (Month) Apr.	(Day) 3	(Year) 1950	
5. SEX: male	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH: 3-27-89	9. AGE last birthday: 61 yrs.	If under 1 year: Months 0, Days 6	If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): Johnson County, N.C.	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Unknown		14. MOTHER'S MAIDEN NAME: Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes ✓ — (If year, give war or dates of service) WW-I	16. SOCIAL SECURITY No.: Unknown	17. INFORMANT: Hospital Records	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

002 X Immediate cause (a) Uremia, uremic poisoning — Unknown

Antecedent cause(s) due to

13b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Tuberculosis, pulmonary, chronic, far advanced

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: --	19b. MAJOR FINDINGS OF OPERATION: --	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify) --	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) --	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) -- m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? --

22. I hereby certify that ~~I~~ VA attended the deceased from March 29, 1950, to April 3, 1950, ~~that I last saw the deceased above on 19XX~~, and that death occurred at 7:10 AM m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Willy Oppler

WILLY OPPLER, M.D., Acting Chief, Professional Services, VAH, Perry Point, Md. 4-3-50

23. BURIAL, CREMATION REMOVAL (Specify): Removal	DATE: 4-3-50	NAME OF CEMETERY OR CREMATORY: Unknown	LOCATION (City, town, or county) (State): Princeton, North Carolina
DATE REC'D BY LOCAL REG.: April 3, 1950	REGISTRAR'S SIGNATURE: Irene E. Daugherty	24. FUNERAL DIRECTOR: Pennington & Son	ADDRESS: PENNINGTON & SON, Havre de Grace, Md.

XVX44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 6 1950
BUREAU

04010

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH — COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point
LENGTH OF STAY (in this place): 12yr 7mo 28 dys
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Pennsylvania — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Philadelphia
STREET ADDRESS (If rural, give location): 2015 W. Westmoreland Street

3. NAME OF DECEASED (Type or Print): (First) THOMAS (Middle) A. (Last) WEST
4. DATE OF DEATH: (Month) April (Day) 29 (Year) 1950

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: June 21, 1881
9. AGE last birthday: 68 yrs. If under 1 year: Months 10 Days 8 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown
10b. KIND OF BUSINESS OR INDUSTRY: --
11. BIRTHPLACE (State or foreign country): Philadelphia, Pennsylvania
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown - deceased
14. MOTHER'S MAIDEN NAME: Unknown - deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypertensive cardiovascular renal disease — Unknown

442X Antecedent cause(s)

30b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.
1. Arteriosclerosis, generalized
21 General Paralysis, tabetic type

19a. DATE OF OPERATION: --
19b. MAJOR FINDINGS OF OPERATION: --
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): --
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): --
(CITY OR TOWN) (COUNTY) (STATE): --
TIME OF INJURY (Month) (Day) (Year) (Hour): -- m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? --

22. I hereby certify that VA I attended the deceased from Sept. 1, 1937, to Apr. 29, 1950, ~~that I last saw the deceased alive on 19~~, and that death occurred at 10:30 PM m., from the causes and on the date stated above.

SIGNATURE: E. P. Brannon (Degree or title) ADDRESS: E. P. BRANNON, M.D., Chief, Professional Services, VAH, Perry Point, Md. DATE SIGNED: May 1, 1950

23. BURIAL, CREMATION REMOVAL (Specify): Removal
DATE: 5-1-50
NAME OF CEMETERY OR CREMATORY: Unknown
LOCATION (City, town, or county) (State): Philadelphia, Pa.

DATE REC'D BY LOCAL REG.: May 1, 1950
REGISTRAR'S SIGNATURE: Irene E. Dougherty
24. FUNERAL DIRECTOR: Pennington & Son ADDRESS: PENNINGTON & SON, Havre de Grace, Md.

XVX49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS-A15

RECEIVED
MAY 3 1960
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04011

CERTIFICATE OF DEATH

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryville, Rural | LENGTH OF STAY (in this place) 80 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryville, Rural
STREET ADDRESS (If rural, give location) Brookland Farm

3. NAME OF DECEASED (Type or Print): (First) Helen (Middle) Winifred (Last) Whittingham
4. DATE OF DEATH: (Month) (Day) (Year) April 3, 1950

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 11-12-1854
9. AGE last birthday: 95 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Rev. Richard Whittingham
14. MOTHER'S MAIDEN NAME: Sarah R. Chamberlaine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Richard A. Whittingham, Perryville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
450.0	Immediate cause	(a) Uremic Coma	3 da
131b	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Interstitial Nephritis	3 yrs
		(c) General arteriosclerosis	16 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1, 1950 to April 3 1950 that I last saw the deceased alive on April 1, 1950, and that death occurred at 6 a. m., from the causes and on the date stated above.

SIGNATURE: J. F. Magraw | (Degree or title) M.D. | ADDRESS Perryville | DATE SIGNED April 4 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE 4-5-1950 | NAME OF CEMETERY OR CREMATORY: St. Marks | LOCATION (City, town or county) (State): Perryville, Md. Rural

DATE REC'D BY LOCAL REG.: April 5, 1950 | REGISTRAR'S SIGNATURE: Irene E. Dougherty

24. FUNERAL DIRECTOR: Geo. A. Pattison & Son | ADDRESS: Perryville, Md.

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BUREAU V. *